"WHAT'S GONE IS NOT LOST"; WOUND CLOSURE USING FILLET FLAP IN A FOREAQUARTER AMPUTATION

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INTRODUCTION:

"Spare part concept", is a recognized technique in reconstructive and traumatic surgery utilizing tissue of an amputated limb to reconstruct soft tissue defect. Wound closure proves to be challenging with wide excision of large tumors while aiming for a clear margin. Free fillet flap has been reported to have good outcome in various literatures.

REPORT:

We are reporting a case of a 47-year-old lady who initially presented with an infected right shoulder wound with maggot infestation. Debridement was done in a district hospital, and a histopathological study showed poorly differentiated squamous cell carcinoma (SCC).

Following a period of default from follow-up visits, the patient presented with a new onset of a large fungating mass over the right axilla with contact bleeding and symptomatic anemia. A true-cut biopsy of the axillary tumor was suggestive of metastatic squamous carcinoma. CT showed a large primary tumor at the right lateral upper chest wall and shoulder with locoregional infiltration. MRI showed intramuscular tumor infiltration into latissimus dorsi muscle, cord, and branches of plexus the brachial with axillary lymphadenopathies.



Figure 1 - Preoperative







Figure 3 - Preoperative

The patient underwent forequarter amputation of the right upper limb as a palliative procedure. We achieved primary closure of the wound by using a fillet flap. She was transferred to a district hospital for further care after she decided she was not keen on further chemotherapy and radiotherapy.

CONCLUSION:

Free fillet flaps facilitate reconstruction in difficult and complex cases & the outgoing limb in cases of a forequarter amputation despite functionless proved useful by playing a vital role for wound closure, and again all that's gone is not completely lost.

REFERENCES:

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